

## **Appendix 4**

### **CLINICAL NETWORK FOR SUPPORT FOR THE KANSAS BIOTERRORISM PROGRAM**

#### **BACKGROUND**

Public health agencies and hospitals have been working for many months on plans to detect and respond to bioterrorism attacks. An essential component of this planning effort is to assure the availability of prompt clinical assessment of individuals presenting signs and symptoms suggestive of diseases potentially caused by bioterrorism acts.

#### **PURPOSE**

To establish a protocol for creating a resource network of clinical specialists, who would be available at all time to assist public health officials and health care providers in the diagnosis and management of individuals with signs and symptoms of possible bioterrorism-related diseases (i.e., anthrax, botulism, plague, smallpox, tularemia, brucellosis, Q fever, viral hemorrhagic fevers, and viral encephalitis). The same network will be used to assist in the diagnosis and management of patients with other conditions of public health relevance (e.g., tuberculosis, rash illnesses, adverse vaccine reactions etc.).

#### **MEDICAL SPECIALTIES INVOLVED**

Attempts will be made to include in the network clinicians from the following areas:

- a) Pulmonary medicine
- b) Dermatology
- c) Internal Medicine
- d) Emergency Medicine
- e) Pediatrics
- f) Infectious Diseases
- g) Toxicology

It is anticipated that the number of specialists included in the network will be about 15.

#### **RESPONSIBLE PARTIES**

The Kansas University Medical Center in Kansas City, Kansas (KUMC) and the Kansas Department of Health and Environment (KDHE) will be responsible for the establishment and management of this network.

#### **RECRUITMENT**

KUMC will identify and recruit the clinicians to be included in the network. KDHE will assist in the recruitment, and will review and approve names of possible network members. The following criteria shall be used to guide the recruitment process:

- Members shall be recognized authorities in their field of expertise.
- Members shall be dispersed across the different areas of the state of Kansas.

## Appendix 4

### TRIAGE SYSTEM

A response system needs to be in place to make the system work efficiently. Access to the services of the network members will be guaranteed through the KDHE epidemiology telephone hotline (1-877-427-7317). Triage will be handled by the KDHE epidemiologist on call. Any services provided by the members under this network agreement will have to be pre-authorized by KDHE.

### ROLES AND RESPONSIBILITIES

#### 1) KUMC

- a. Identification, first contact, and recruitment of the network members.
- b. Development of a members' contact electronic database with the relevant information on each of the network members.
- c. Periodic verification of the information in the contact database and of the availability of each member to continue to serve in the network.
- d. General administration of the network, including release of payments for fees and expenditures to the members.
- e. Organization and management of training events for the members, as specified below in the section "Training".

#### 2) KDHE

- a. Staffing of a 24 hours telephone hotline to answer questions on clinical management of patients.
- b. Availability of an alert system (through HAN) to contact and activate network members, as needed. KDHE commits to activating network members only when there are circumstances that may pose a threat to public health and that cannot be adequately addressed through KDHE resources only.
- c. Availability of systems to facilitate the exchange of information between health care providers and network members, including digital photography and telephone and video conferences.

#### 3) MEMBERS

- a. Members shall be willing to be on call for the network 24 hours a day, seven days a week. During periods when a member is not available to take calls (e.g., vacation), the member should inform the network managers of his or her absence. Members may withdraw from the network at any time.
- b. Members shall accept to enroll in the Kansas Health Alert Network (HAN), and to carry an alphanumeric pager capable to receive short e-mail messages. The pager can be provided by the member, if so desired, or by the HAN.
- c. Members shall have a valid e-mail address and an Internet connection available for their use.
- d. Availability to consult on a short notice with KDHE or health care providers (as requested by KDHE) by telephone, e-mail, Internet conference, or video conference.

## **Appendix 4**

- e. Availability to travel on a short notice to sites in the state where there is a need for their consultation, when requested by KDHE. Members may decline a request for on-site consultation if the circumstances or timing of the request do not allow their deployment, but they should make a good faith effort to accommodate such requests.
- f. Availability to attend training sessions, as described below.

### **TRAINING**

Members are by definition specialists in their own field of expertise. However, members may benefit from educational sessions centered on the specific issues surrounding bioterrorism, such as biological and chemical bioterrorism preparedness activities, public health guidelines, and use of the state rapid notification and emergent information exchange system (HAN) that will provide them with up-to-the minute emergency information. KDHE and KU will co-sponsor such sessions at least twice a year. Each session will last a full day and provide continuing education credit. Members will not be charged for the participation in these sessions, and will be reimbursed for travel, lodging, and meals expenses incurred to attend the sessions.

### **COMPENSATION**

Each member will receive a retention fee of \$1,000 for every 12 months of enrollment. In return, each member will have to sign a document agreeing to provide the services listed above in the section “Roles and Responsibilities”. In addition, when deployed for on-site consultation, members will receive an additional flat fee of \$200 and will be reimbursed for travel, lodging, and meals expenses.

Funding for the 24 hour hotline and for the payment of the members retention and consultation fees will be provided by KDHE. Funding for all other the network activities and for the training sessions will be provided by KUMC.

DRAFT - 9/26/2002